

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000116478

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** LEXELLE ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

66 PATRIC DRIVE  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

66 PATRIC DRIVE  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 51-0657851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUMERGIDO, MARIBEL  
66 PATRIC DRIVE  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ADM.  
Name: SUMERGIDO, MARIBEL  
Address: 66 PATRIC DRIVE  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIBEL SUMERGIDO

ADM.

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date